

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 88
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DEC 18 2014
Bayfield Co. Zoning Dept.

Permit #: 15-0013
Date: 1-20-15
Amount Paid: \$175
Refund: \$175

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|-----------------------------------|--|---|--|--|--|---|--|---------------------------------|--|---|--|----------|--|---------|--|
| TYPE OF PERMIT REQUESTED → | | <input type="checkbox"/> LAND USE | | <input type="checkbox"/> SANITARY | | <input type="checkbox"/> PRIVY | | <input type="checkbox"/> CONDITIONAL USE | | <input checked="" type="checkbox"/> SPECIAL USE | | <input type="checkbox"/> B.O.A. | | <input type="checkbox"/> OTHER | | | | | |
| Owner's Name: | | Yoriy Gusev, Irina Komarova | | | | Mailing Address: PO. Box 930442 | | | | City/State/Zip: Verona, WI 53593 | | | | Telephone: | | | | | |
| Address of Property: | | 44200 S. Lake Owen Dr | | | | City/State/Zip: Cable, WI 54821 | | | | Cell Phone: 608 385-8864 | | | | | | | | | |
| Contractor: | | self | | | | Contractor Phone: | | | | Plumber: | | | | Plumber Phone: | | | | | |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) | | | | | | Agent Phone: | | | | Agent Mailing Address (include City/State/Zip): | | | | Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| PROJECT LOCATION | | Legal Description: (Use Tax Statement) | | | | PIN: (23 digits) 04-002-43-07-10-3 02-000-3000 | | | | Recorded Document: (i.e. Property Ownership) Volume 1128 Page(s) 962 | | | | | | | | | |
| NW 1/4, SW 1/4 | | Gov't Lot | | Lot(s) | | CSM | | Vol & Page | | Lot(s) No. | | Block(s) No. | | Subdivision: | | Lot Size | | Acreage | |
| | | | | 1 | | 1968 | | 11, 90 | | | | | | | | | | 5.46 | |
| Section 10, Township 43 N, Range 7 W | | Town of: | | Cable | | | | | | | | | | | | | | | |

| | | | | |
|---|---|--|--|--|
| <input type="checkbox"/> Shoreland | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue → | Distance Structure is from Shoreline: _____ feet | <input type="checkbox"/> Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input checked="" type="checkbox"/> Non-Shoreland | <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue → | Distance Structure is from Shoreline: _____ feet | | |

| | | | | | | | | | | | | | | | | | | | |
|--|--------------------------------------|-------------------------------------|-----|--|--|-------------------------------|---|---|--|--------------------------------|---|---------------------|--|--|--|--|--|--|--|
| Value at Time of Completion * include donated time & material | Project | # of Stories and/or basement | Use | # of bedrooms | What Type of Sewer/Sanitary System is on the property? | Water | | | | | | | | | | | | | |
| | | | | | | | <input type="checkbox"/> New Construction | <input type="checkbox"/> 1-Story | <input type="checkbox"/> Seasonal | <input type="checkbox"/> 1 | <input type="checkbox"/> Municipal/City | Specify Type: _____ | <input type="checkbox"/> City | | | | | | |
| | | | | | | | <input type="checkbox"/> Addition/Alteration | <input type="checkbox"/> 1-Story + Loft | <input checked="" type="checkbox"/> Year Round | <input type="checkbox"/> 2 | <input checked="" type="checkbox"/> (New) Sanitary | Specify Type: _____ | <input checked="" type="checkbox"/> Well | | | | | | |
| | | | | | | | <input type="checkbox"/> Conversion | <input checked="" type="checkbox"/> 2-Story | <input type="checkbox"/> _____ | <input type="checkbox"/> 3 | <input checked="" type="checkbox"/> Sanitary (Exists) | Specify Type: _____ | <input type="checkbox"/> _____ | | | | | | |
| | | | | | | | <input type="checkbox"/> Relocate (existing bldg) | <input type="checkbox"/> Basement | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | | | | | | | | |
| <input type="checkbox"/> Run a Business on Property | <input type="checkbox"/> No Basement | <input type="checkbox"/> Foundation | | <input type="checkbox"/> Portable (w/service contract) | <input type="checkbox"/> Compost Toilet | <input type="checkbox"/> None | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Existing | | | | | | | | | | | | | | | | | | | |

| | | | |
|---|---------|--------|---------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: | Width: | Height: |
| Proposed Construction: | Length: | Width: | Height: |

| | | | | | |
|--|-------------------------------------|---|---------|------------|----------------|
| Proposed Use | ✓ | Proposed Structure | | Dimensions | Square Footage |
| | | Principal Structure (first structure on property) | () X) | | |
| <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) | <input type="checkbox"/> | | () X) | | |
| <input checked="" type="checkbox"/> Residential Use | <input checked="" type="checkbox"/> | with Loft | () X) | | |
| | | with a Porch | () X) | | |
| | | with (2 nd) Porch | () X) | | |
| | | with a Deck | () X) | | |
| | | with (2 nd) Deck | () X) | | |
| <input type="checkbox"/> Commercial Use | <input type="checkbox"/> | with Attached Garage | () X) | | |
| | | Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities | () X) | | |
| <input type="checkbox"/> Municipal Use | <input type="checkbox"/> | Mobile Home (manufactured date) | () X) | | |
| | | Addition/Alteration (specify) | () X) | | |
| | | Accessory Building (specify) | () X) | | |
| | | Accessory Building Addition/Alteration (specify) | () X) | | |
| Rec'd for Issuance | | | | | |
| JAN 20 2015 | <input checked="" type="checkbox"/> | Special Use: (explain) Class A Short-Term Rental | () X) | | |
| | <input type="checkbox"/> | Conditional Use: (explain) | () X) | | |
| Secretarial Staff | <input type="checkbox"/> | Other: (explain) | () X) | | |

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date: Dec 1, 2014
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: P.O. Box 930442, Verona, WI 53593

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach
Copy of Tax Statement ✓

the box below. Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See attachment

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

| Description | Measurement | Description | Measurement |
|---|-------------|--|---|
| Setback from the Centerline of Platted Road | 110+ Feet | Setback from the Lake (ordinary high-water mark) | NA Feet |
| Setback from the Established Right-of-Way | 70+ Feet | Setback from the River, Stream, Creek | NA Feet |
| Setback from the North Lot Line | 800+ Feet | Setback from the Bank or Bluff | NA Feet |
| Setback from the South Lot Line | 100+ Feet | Setback from Wetland | NA Feet |
| Setback from the West Lot Line | NA Feet | 20% Slope Area on property | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Setback from the East Lot Line | 140+ Feet | Elevation of Floodplain | NA Feet |
| Setback to Septic Tank or Holding Tank | 20+ Feet | Setback to Well | 30+ Feet |
| Setback to Drain Field | 20+ Feet | | |
| Setback to Privy (Portable, Composting) | NA Feet | | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

| | | | | | | |
|--|---|--|--|---|-----------------------|---|
| Issuance Information (County Use Only) | | Sanitary Number: 13-1335 | # of bedrooms: | Sanitary Date: 11-14-13 | | |
| Permit Denied (Date): | Reason for Denial: | | | | | |
| Permit #: 15-0013 | Permit Date: 1-20-15 | | | | | |
| Is Parcel a Sub-Standard Lot | <input type="checkbox"/> Yes (Deed of Record) | <input checked="" type="checkbox"/> No | Mitigation Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Parcel in Common Ownership | <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) | <input checked="" type="checkbox"/> No | Mitigation Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Structure Non-Conforming | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Previously Granted by Variance (B.O.A.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Case #: | |
| Granted by Variance (B.O.A.) | Case #: | | Were Property Lines Represented by Owner | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Was Property Surveyed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Was Parcel Legally Created | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Was Proposed Building Site Delineated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Inspection Record: | | | | | | |
| Structure is septic | | | | | | |
| Date of Inspection: 12-19-14 | Inspected by: M. Fuchs | Zoning District (A-1) | | | | |
| Conditions(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached) | | Lakes Classification: (NA) | | | | |
| Date of Re-Inspection: | | Date of Re-Inspection: | | | | |
| Signature of Inspector: M. Fuchs | | | | | | |
| Date of Approval: 12-23-14 | | | | | | |
| Hold For Sanitary: <input type="checkbox"/> | Hold For TBA: <input checked="" type="checkbox"/> | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/> | <input type="checkbox"/> | | |

Bayfield County GIS

X: 727869.89, Y: 323066.17

Current Action: Select by Point

Quick Zoom: Barksdale

Parcel Search

Search Layer: By Tax ID#

Search by Tax ID (Ex: 32028):

Search

Clear

Cable

04012243070940100010000

S LAKE OWEN DR

04012243071030200030000

44200 S LAKE OWEN DR

04012243071030200020000

30m

100ft

Current theme:
Land Records

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY WISCONSIN
JAN 02 2015
Bayfield Co. Zoning Dept.

Permit #: 15-0014
Date: 1-20-15
Amount Paid: \$550
Refund: 1-20-15

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Daniel G. Leuzinger
Address of Property: 18935 Frels Rd
Contractor: self
Authorized Agent: (Person Signing Application on behalf of Owner(s))
Mailing Address: 2414 9th Ave
City/State/Zip: Monroe, WI
Contractor Phone: Cable, WI 54821
Agent Phone: (include City/State/Zip):
Agent Mailing Address (include City/State/Zip):
Plumber: (Danielle)
Plumber Phone: 422-3506
Telephone: 608 444-7571
Cell Phone: 262 422-3506
Written Authorization Attached: ☐ Yes ☒ No

PROJECT LOCATION: NE 1/4, NE 1/4
Legal Description: (Use Tax Statement) P1N: (23 digits) 04-012-2-43-07-25-101-000-11000
Recorded Document: (i.e. Property Ownership) Volume 1085 Page(s) 593
Section 25, Township 43 N, Range 7 W, Town of Cable
Lot Size: Acreage 21

Shoreland ☒ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? ☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage
Distance Structure is from Shoreline: 400 + feet
Distance Structure is from Shoreline: feet
Is Property in Floodplain Zone? ☒ Yes ☐ No
Are Wetlands Present? ☒ Yes ☐ No

Value at Time of Completion: \$125,000
Project: ☒ New Construction ☐ Addition/Alteration ☐ Conversion ☐ Relocate (existing bldg) ☐ Run a Business on Property
Use: ☒ 1-Story ☐ 1-Story + Loft ☐ Seasonal ☐ Year Round ☐ 2-Story ☒ Basement ☐ No Basement ☐ Foundation
What Type of Sewer/Sanitary System Is on the property? ☐ Municipal/City ☒ (New) Sanitary ☐ Sanitary (Exists) ☐ Privy (Pit) or Vaulted (min 200 gallon) ☐ Portable (w/service contract) ☐ Compost Toilet ☐ None
Water: ☐ City ☒ Well

Existing Structure: (if permit being applied for is relevant to it) Length: 90 Width: 45 Height: 18
Proposed Construction: Length: Width: Height:

| Proposed Use | Proposed Structure | Dimensions | Square Footage |
|--|--------------------|-------------|----------------|
| <input type="checkbox"/> Principal Structure (first structure on property) | | (X) | |
| <input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) | | (45x 45) | 2,025 |
| <input type="checkbox"/> with Loft | | (X) | |
| <input type="checkbox"/> with a Porch | | (X) | |
| <input type="checkbox"/> with (2 nd) Deck | | (X) | |
| <input type="checkbox"/> with a Deck | | (12 x 24) | 288 |
| <input type="checkbox"/> with (2 nd) Deck | | (X) | |
| <input type="checkbox"/> with Attached Garage | | (45 x 45) | 2,025 |
| <input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities | | (X) | |
| <input type="checkbox"/> Mobile Home (manufactured date) | | (X) | |
| <input type="checkbox"/> Addition/Alteration (specify) | | (X) | |
| <input type="checkbox"/> Accessory Building (specify) | | (X) | |
| <input type="checkbox"/> Accessory Building Addition/Alteration (specify) | | (X) | |
| <input type="checkbox"/> Special Use: (explain) | | (X) | |
| <input type="checkbox"/> Conditional Use: (explain) | | (X) | |
| <input type="checkbox"/> Other: (explain) | | (X) | |

Rec'd for Issuance: JAN 20 2015
Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): (If there are Multiple Owners listed on the deed, all Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: (If you are signing on behalf of the owner, a letter of authorization must accompany this application)
Address to send permit: 18935 Frels Rd, Cable WI 54821
Date: 12-4-14
Attach Copy of Tax Statement

Box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See attachments

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

| Description | Measurement | Description | Measurement |
|---|-------------|--|---|
| Setback from the Centerline of Platted Road | 500+ Feet | Setback from the Lake (ordinary high-water mark) | NA Feet |
| Setback from the Established Right-of-Way | 750+ Feet | Setback from the River, Stream, Creek | 450+ Feet |
| Setback from the North Lot Line | NA Feet | Setback from the Bank or Bluff | NA Feet |
| Setback from the South Lot Line | 400+ Feet | Setback from Wetland | 190+ Feet |
| Setback from the West Lot Line | 75+ Feet | 20% Slope Area on property | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Setback from the East Lot Line | NA Feet | Elevation of Floodplain | NA Feet |
| Setback to Septic Tank or Holding Tank | NA Feet | Setback to Well | 50+ Feet |
| Setback to Drain Field | NA Feet | | |
| Setback to Privy (Portable, Composting) | NA Feet | | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner, within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

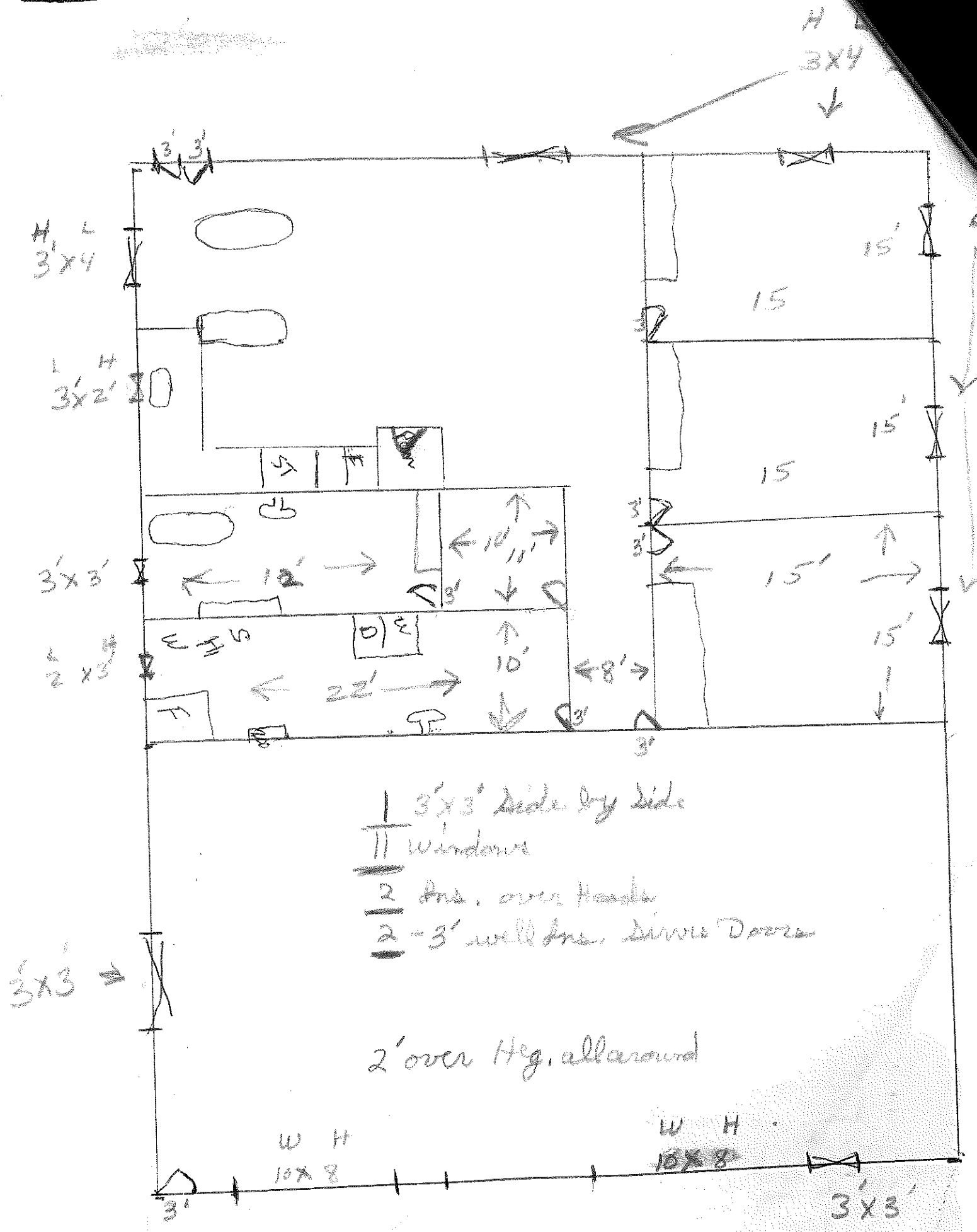
For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

| | | | | | | |
|---|---|--|---|---|-----------------------|---|
| Issuance Information (County Use Only) | | Sanitary Number: 14-1215 | # of bedrooms: 3 | Sanitary Date: 12-22-14 | | |
| Permit Denied (Date): | | Reason for Denial: | | | | |
| Permit #: 15-0014 | Permit Date: 1-20-15 | | | | | |
| Is Parcel a Sub-Standard Lot | <input type="checkbox"/> Yes (Deed of Record) | <input checked="" type="checkbox"/> No | Mitigation Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Parcel in Common Ownership | <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) | <input checked="" type="checkbox"/> No | Mitigation Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Structure Non-Conforming | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Previously Granted by Variance (B.O.A.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Case #: | | |
| Granted by Variance (B.O.A.) | Case #: | Were Property Lines Represented by Owner | Was Property Surveyed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Zoning District (F-1) | Lakes Classification (3) |
| Was Parcel Legally Created | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Was Proposed Building Site Delineated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Inspection Record: | Well Staked. Met setback setbacks. | | | | | |
| Date of Inspection: 1-8-15 | Inspected by: M. Fuchs | | | | | |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached) | | | | | | |
| Existing mobile home must be removed by 1-20-16. | | | | | | |
| Signature of Inspector: Michael Fuchs | | Date of Approval: 1-20-15 | | | | |
| Hold For Sanitary: <input checked="" type="checkbox"/> OK | Hold For TBA: <input checked="" type="checkbox"/> 1-20-15 | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/> | <input checked="" type="checkbox"/> Lot line survey | | |

OK

OK



- 1 3'x3' Side by Side
- 2 windows
- 2 Ans. over Heads
- 2-3' well Ans. Sills Doors

2' over Htg. all around

W H
10'x8'

W H
10'x8'

3'x3'